

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024026

Entity Name: CANEWORLD NURSERY, L.C.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

14353 SW 248TH ST  
PRINCETON, FL 33032

## New Principal Place of Business:

## Current Mailing Address:

14353 SW 248TH ST  
PRINCETON, FL 33032

## New Mailing Address:

FEI Number: 20-0936962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGE, P.A.  
2100 SALZEDO ST, STE 300  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ORTIZ, RODOLFO F  
14353 SW 248TH STREET  
PRINCETON, FL 33032 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RODOLFO F ORTIZ

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GIL, FERNANDO J  
Address: 14353 SW 248TH ST  
City-St-Zip: PRINCETON, FL 33032

Title: MGR (X) Delete  
Name: ORTIZ, RODOLFO  
Address: 14353 SW 248TH ST  
City-St-Zip: PRINCETON, FL 33032

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ORTIZ, RODOLFO F  
Address: 14353 SW 248TH ST  
City-St-Zip: PRINCETON, FL 33032

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RODOLFO F ORTIZ

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date